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### CORRESPONDENCE

*The Editors, BRITISH JOURNAL OF VENEREAL DISEASES.*

*May 3rd, 1935.*

DEAR SIRs,—I must thank Dr. Osmond for his letter in the January issue of the BRITISH JOURNAL OF VENEREAL DISEASES, but I fear that he is labouring under some misunderstanding. His suggestion that I have over-stated the case for the Complement Deviation Test for Gonorrhœa appears to be founded on inaccuracy and on the doubtful, but common, policy of quoting incomplete and inadequate extracts from a publication without any indication of the accompanying context.

His first quotation from my article should read: "*It must be clearly understood that the test is a serum reaction which registers the presence or absence of specific gonococcal antibodies in the blood; the reaction itself does not signify the presence or otherwise of gonococci in the tissues*" (p. 249). His next quotation should read: "*On the other hand, providing no vaccine has been administered, a positive test is always indicative of the presence of living gonococci in the tissues*" (p. 266). On referring to the text of the article he will find that the general inference to be drawn from these two statements is summed up on p. 250 as follows: "Therefore it may be stated that a positive complement-fixation reaction is indicative of the presence of gonococcal antibodies formed in the blood-serum as a result of absorption of the toxic products from a gonococcal infection. It follows from this that such a patient must be regarded as infectious."

Concerning patients with a persistently positive C.D.T. for gonorrhœa in the absence of any clinical manifestations, in my experience if diligent and careful search be made the gonococcus can be isolated from the majority of these patients. The pathogenicity of the organism so isolated is a big question which appears to have received rather less attention from the profession than it warrants, but there seem to be many points in common, as far as the immunity mechanism is concerned, between gonococcal and typhoid carriers.

Coming to the question of cross-fixation, I would point out to Dr. Osmond that "the few animal experiments" to which he refers consisted of fourteen months' work, and the short account given in my article is a *précis* of my results after a series of experiments in which different strains and doses of the various organisms referred to were given over varying periods of time. With regard to the clinical evidence he has apparently completely misread the text. I did not quote "two cases" but *two types of case* which were given as interesting examples of many which were examined during the course of this part of the investigation.

Martyrs to the common cold are many, but I would be more impressed with Dr. Osmond's assumption that such patients might give

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more than a weekly positive cross-fixation reaction if I knew the results of any work he has done on the subject.

In conclusion, I would point out that the pathologist's duty is to furnish a report which will be as helpful as possible to the clinician who has sought his aid. The term "doubtful" which Dr. Osmond advocates is inconclusive and defies interpretation. The term "weakly positive" is definite and gives rise to no misunderstanding. If the pathologist regards his result as "suspect," he should repeat the test on the same serum or, if necessary, on a fresh specimen.

I am,

Yours faithfully,

I. N. ORPWOOD PRICE.

THE LONDON COUNTY COUNCIL  
(WHITECHAPEL) CLINIC, E.I.